MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								10/564908				FILING DATE		
(FOR USE WITH FORM PTO-875)								ICANT(S)						
CLAIMS														
		AS FILED		AFTER L'AMENDMENT		TER MOMENT		AS FILED		AFTER CAMENDMENT		AFTER		
#	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	NOMENT	
2	<u> </u>					 	51					AIVD.	DEP.	
3	ļ						52 53			, '				
5	 	<u> </u>					54							
6	 		 -			<u> </u>	55							
7				 			56							
8			-				57 58							
-9-							59							
10 11							60							
12							61							
13						·	62							
14							63 64 -			<u> </u>				
15	 				·		65			-				
16 17							66					<u></u>		
18	· · ·						67							
19				1			68							
20		•		1			70						-	
21 22				1			71							
23							72							
24							73 74							
25							75							
26 27		·					76							
28							77							
29							78 79							
30							80			 -			· .	
31 32							81	-						
33							82							
34							83 84	<u> </u>						
35 ·	·						85							
<u>36</u> 37							. 86					}		
38							87					-		
39					 		88							
40				_ · _		•	90	 -				 		
41				<u> </u>			91							
42 43							92							
44				 			93 94							
45							95							
46							96							
47 48	7]	97							
49					 [98							
50							99 100							
TOTAL IND.		1	ن	4		#	TOTAL IND.		1		1	- 	1	
TOTAL DEP.		4	16	42		4	TOTALDER		4	لــــــــــــــــــــــــــــــــــــــ			ا [*] لد	
TOTAL CLAIMS			. 19				TOTAL CLAMS							
PTO-1340	(REV. 11/04)				I.		CCAMIS	13	LS. DEPART	MENT of CO	MMERCE	!		
			····						atent and Tra	demark Offic	*			